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DATE: October 5, 2005

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FROM: Mitchell K. McCarthy, Registration No. 38,794

TO: Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

ADDRESSEE/ORGANIZATION	FAX NO.	TELEPHONE NO.
Art Group 3673	571/273-8300	866/217-9197

RE: Application No. 10/772,509
In re application of: Mark Temple
Dkt. No.: MT001

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**PATENT
Dkt. MT001****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: **Mark Temple**
Application No.: **10/772,509** Group No.: **3673**
Filed: **February 5, 2004** Examiner: **Fredrick Conley**
For: **SUPPORTIVE UPPER BODY CONSTRAINT DEVICE**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$225.00

10/06/2005 TL0111 00000004 10772509

01 FC:2252

225.00 0P

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

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by facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300

Signature

Mitchell K. McCarthy

(type or print name of person certifying)

Date: October 5, 2005

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	13	- 20	= 0	x \$ 25.00	= \$		0.00
INDEP.	2	- 3	= 0	x \$ 100.00	= \$		0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 0.00	= \$		0.00
				TOTAL ADDIT. FEE	\$		0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$225.00 to Credit card as shown on the attached credit card information authorization form PTO-2038.

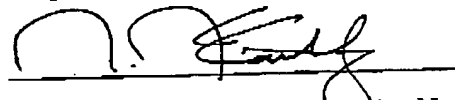
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FEE DEFICIENCY

6. If any additional fee is required, charge Deposit Account No. 06-0540.

Respectfully submitted,

Date: 10/5/2005



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In re Application of: **Mark Temple**
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Filed: **February 5, 2004** Examiner: **Fredrick C. Conley**
For: **Supportive Upper Body Constraint Device**

**Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450**

**AMENDMENT IN RESPONSE TO OFFICE ACTION
MAILED MAY 5, 2005**

Sir:

In response to the Office Action mailed May 5, 2005, please enter the following amendments in the above identified United States patent application.

Amendments to the Claims are reflected in the Listing of Claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

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